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SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. DEP. DEP. DEP. IND. i ŧ ŧ ı ı TOTAL IND. TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAIMS -M. S. M. TOTAL CLAIMS . 14. 7

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